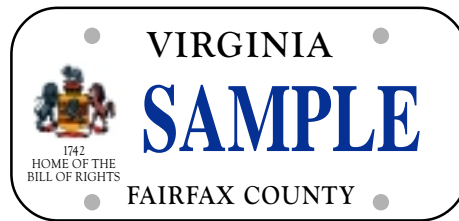


# FAIRFAX COUNTY LICENSE PLATE APPLICATION



*Plates will be issued by the Virginia Department of Motor Vehicles for use on passenger vehicles, pick-up or panel trucks.*

## PLEASE PRINT

OWNER'S NAME (LAST)			(FIRST)	(MIDDLE )
CO-OWNER'S NAME (LAST)			(FIRST)	(MIDDLE)
STREET ADDRESS				
CITY		STATE		ZIP
HOME PHONE NUMBER:		DAYTIME PHONE NUMBER:		
CURRENT PLATE NUMBER:	PLATE TYPE:		EXPIRATION DATE:	
TITLE NO:				
VEHICLE IDENTIFICATION NO:				

- ☐ I do not wish to apply for personalized license plates; please send the next available number. I have enclosed a check for \$25 and understand that DMV will charge this special license plate fee annually in addition to my vehicle registration fee.
- ☐ I do wish to apply for personalized license plates. I have enclosed a check for \$35 for my personalized license plate and understand that DMV will charge this personalized special license plate fee annually in addition to my vehicle registration fee.

Print your plate combination as you wish it to appear on your license plate.

You are allowed:

- A maximum of two to six characters.
- Spaces, dashes and ampersand (&) are allowed; however they are considered one space and cannot be used consecutively. No other punctuation is allowed.

Indicate three choices in order of your preference below. Your combination will be placed on the plate to the right of the coat-of-arms. The DMV reserves the right to refuse to issue an objectionable combination of characters.

First Choice					
Second Choice					
Third Choice					

- ☐ I request the International Symbol of Access (ISA) be placed on my plate. *(Persons with disabilities may obtain a license plate with the ISA. If the ISA is requested, you will be contacted by the DMV regarding further information needed.)*

## APPLICANT'S SIGNATURE

*I certify that all information contained herein is true and correct. Applications submitted by a corporation or company must be signed by an authorized representative. The DMV cannot honor a change of choice or request for refund after order has been sent to the manufacturer.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Co-applicant \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Send completed application and check payable to "County of Fairfax" to:  
Office of the County Executive, 12000 Government Center Parkway, Suite 552, Fairfax, VA 22035.